

**WOMEN'S INTERAGENCY HIV STUDY
FOLLOW-UP VISIT
ABSTRACT TRACKING CHECKLIST**

AFFIX ID LABEL HERE --->

A1. PARTICIPANT ID: - - -

A2. WIHS STUDY VISIT #:

A3. FORM VERSION: 0 4 / 0 1 / 9 5

A4. FORM COMPLETED BY:

A5. HAS THE PARTICIPANT SIGNED A MEDICAL RECORD RELEASE?

YES..... 1
NO..... 2

INSTRUCTIONS: USE AS A CHECKLIST TO INDICATE WHERE TO COLLECT FURTHER INFORMATION FOR MEDICAL RECORD ABSTRACTION.

a.
FORM & QUESTION
NUMBER (S)

b.
DATE OF FIRST DIAGNOSIS

c.
NAME AND ADDRESS OF THE
INSTITUTION

FORM 22 - MEDICAL AND HEALTH HISTORY

O	C1 - CANCER	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	
O	C2 - CERVICAL CANCER	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	
O	C3 - KAPOSII'S SARCOMA	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	
O	C4 - LYMPHOMA	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	
O	C5 - LYMPHOMA BRAIN	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	
O	C6 - HODGKINS DISEASE	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	
O	C7 - BREAST CANCER	<input type="text"/> / <input type="text"/> / <input type="text"/> M D Y	

WIHS ID#

	a.	b.	c.
	FORM & QUESTION NUMBER (S)	DATE OF FIRST DIAGNOSIS	NAME AND ADDRESS OF THE INSTITUTION
<input type="radio"/>	C8 - CANCER OF THE OVARY/OVARIES	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C9 - CANCER OF THE UTERUS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C10 - SKIN CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C11 - OTHER CANCER	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C29 - TB	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C29a - TB IN LUNGS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C29b - TB IN BLOOD	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C29c - TB IN LYMPH NODES	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C29d - TB IN OTHER PART OF THE BODY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C29e - Rx RECEIVED FOR TB	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C29f - MEDS TAKEN FOR TB	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C30b - POSITIVE TB SKIN TEST	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C31ci. - MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
<input type="radio"/>	C31cii. - MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

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.. C31ciii- MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. C31civ- MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. C31cv- MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. C31cvi- MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. C31cvii- MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. C31cviii- MAJOR CHRONIC ILLNESS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E1 - CD4<200 OR 14%	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E2 - PCP	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E3 - OTHER TYPE PNEUMONIA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E4 - CANDIDA/THRUSH ESOPHAGUS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E5 - CANDIDA/THRUSH TRACH/BRONCHI	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E6 - MAI/MAC	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E7 - TOXO INFECTION	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E8 - CMV RETINITIS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

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.. E9 - CMV/ELSEWHERE IN BODY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E10 - SEVERE DIARRHEA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E10ai - CRYPTOSPORIDIA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E10aii - MICROSPORIDIA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E10aiii - ISOSPORA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E10aiv - CMV	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E10av - MAI	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E11 - MENINGITIS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E11a - CRYPTO MENINGITIS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E12 - CRYPTO IN BLOOD OR ELSEWHERE	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E13 - HISTOPLASMOSIS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E14 - COCCI	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E15 - WASTING SYNDROME	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E16 - DEMENTIA/ ENCEPHALOPATHY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

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.. E17 - HERPES/ULCERS>1 MONTH	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E18 - HERPES SIMPLEX OF LUNGS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E19 - SALMONELLA	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
O E20 - PML	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E21 - AIDS	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E22 - BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E22a - LUNG BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E22b - SKIN BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E22c - BONE MARROW BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E22d - OTHER BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E23 - BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E23a - LUNG BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E23b - SKIN BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E23c - BONE MARROW BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

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.. E23d - OTHER BIOPSY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24i - HOSPITALIZATION (1)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24ii - HOSPITALIZATION (2)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24iii - HOSPITALIZATION (3)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24iv - HOSPITALIZATION (4)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24v - HOSPITALIZATION (5)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24vi - HOSPITALIZATION (6)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24vii - HOSPITALIZATION (7)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. E24viii - HOSPITALIZATION (8)	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

FORM 23 - OBSTETRICS, GYNECOLOGY, AND CONTRACEPTIVE HISTORY

.. B7 - GYN SURGERY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. B10 - HYSTERECTOMY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____
.. D3 - Rx FOR CERVICAL OR OTHER ABNORMALITY	___ ___ / ___ ___ / ___ ___ M D Y	_____ _____ _____

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INSTITUTION

•• F8 - BREAST BIOPSY

___ ___ / ___ ___ / ___ ___
M D Y

